## DESI AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  15 38 1015												iber 9	
/			FILED - PART I (Column 1) (Column 2)					SMALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			ls/					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/g/ minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			ኝ m	inus 3 =	·			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter *0" in column 2							ı	TOTAL		OR	TOTAL	710.	
CLAIMS AS AMENDED - PART II										10	OTHER		
(Column 1)			(Column 2)			(Column 3)		SMALL	ENTITY '	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	-6	20	-/		X\$ 9=		OR	X\$18=		
	Independent - 3 Minus			3	17		X40≈		OR	X80=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	1	OR	+270=	7	
								TOTAL			YOTAL		
$3/6/\delta$ (Column 1) (Column 2) (Column 3)								ADDIT, FEEOR ADDIT, FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	• 6	$\mathcal{O}$	e /	ı	X\$ 9=	/	OR	X\$18=		
	Independent	• 4	Minus .	••• 5		= /		X40=		OR	X80=/	-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	+135=		OR	+270=		
						•	Ä	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	I	X\$ 9=		OR	X\$18=	,	
	Independent	•	Minus	***		=	<b> </b>	X40=		CR	X80=		
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		┞						
• If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.													
"If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		iber Previously Pal					r <b>four</b>	nd in the app	xopriate box	in cot	umn 1.	ı	

FORM PTO-876 (Rev. 8700)